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Bib Data Sheet

CONFIRMATION NO. 9108

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 09/936.672 | FILING DATE 01/23/2002 RULE | CLASS 426 | GROUP ART UNIT 1761 | ATTORNEY DOCKET NO. 112701-320 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Carolyn Cupp, Liberty, MO;
Lynn Ann Gerheart, Smithville, MO;
Scott Schnell, St. Joseph, MO;
Sheri Lynn Smithey, St. Joseph, MO;
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Dan Dixon, St. Joseph, MO;

** CONTINUING DATA *****

OK THIS APPLICATION IS A 371 OF PCT/EP01/00307 01/10/2001

** FOREIGN APPLICATIONS *****

None

| | | | | |
|--|--|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MO | SHEETS DRAWING 1 | TOTAL CLAIMS 35 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> | Initials <i>[Initials]</i> | | |

ADDRESS

29157

TITLE

Dental diet for reducing tartar

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|--------------------------------|---|---|
| FILING FEE RECEIVED 1726 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
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